## **Ingham County Health Department**



## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

According to information from the U.S. Census, 6.3% of persons in Ingham County were under the age of five years old. Among those children, 18.0% lived below poverty. In 2003, an estimated 5,967 of all infants and children in WIC were served by Ingham County Health Department (Ingham CHD) WIC. Statistics for WIC infants and children under the age of five in Ingham revealed:

- One in ten infants were low birthweight.
- An additional 9% of infants had a high birthweight (birthweight greater than 4000g or 13 lbs 8 oz).
- Black infants and children in Ingham had the highest prevalence of short stature among participants under two years old and the lowest among children age two to five years old.
- Underweight effects White, Black, and Hispanic WIC participants almost equally: 5.7% among White, 5.5% in Black, and 5.2% among Hispanic infants and children.
- Among Hispanic children over the age of two years old, 16.5% were overweight and 19.3% were at risk of overweight.
- Between 2001 and 2003, 17.7% of Black infants and children under the age of two years old had iron deficiency anemia
- At least half of infants, in all racial/ethnic groups were ever breastfed.



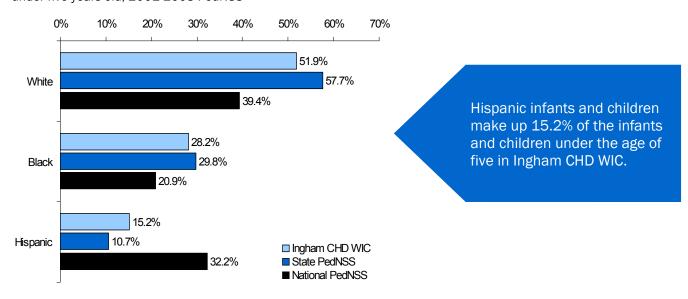
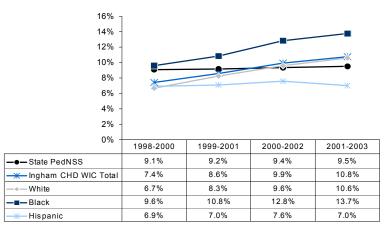


Figure 2. Trend in **low birthweight\*** by race/ethnicity among infants in the Ingham County HD WIC Agency, 1998-2003 MI PedNSS



The trend in low birthweight increased for White and Black infants, but not for Hispanic infants.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Ingham County HD WIC Agency, 1998-2003 PedNSS

The overall the prevalence of infants ever breastfed increased four percentage points since 1998-2000.

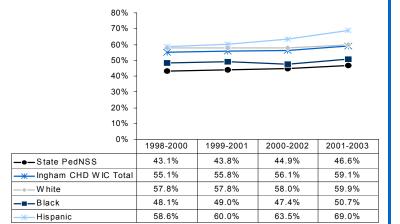
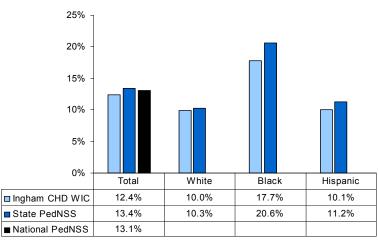


Figure 4. Prevalence of **iron deficiency anemia\*** by race/ ethnicity among infants and children under five years old, 2001-2003 PedNSS



Black infants and children, at the local and state level are disproportionately affected by iron deficiency anemia.

<sup>\*</sup>Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age

<sup>\*</sup>For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS

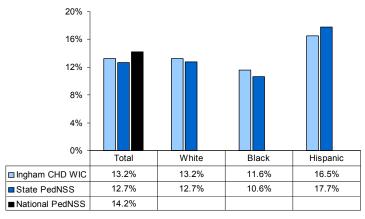
10% 8% 6% 4% 2% 0% 1998-2000 1999-2001 2000-2002 2001-2003 7.4% 7.5% 7.4% 7.2% State PedNSS Ingham CHD WIC Total 7.8% 7.9% 7.6% 7.2% <2 years old 8.6% 9.3% 9.4% 9.0% 2-5 years old 6.4% 5.8% 5.1% 4.9%

Figure 6. Prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS

Short stature declined

1998-2000.

dramatically among children age two to five years old since



The prevalence of overweight is slightly higher for White and Black children of Ingham County HD WIC compared to their state peers.

Risk of overweight was higher for children at the state and local level compared to the national prevalence: 16.8% and 17.5% compared to

15.5%.

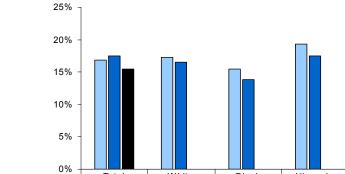


Figure 7. Prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS

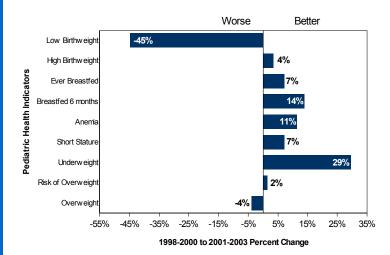
Total White Black Hispanic ■ Ingham CHD WIC 16.8% 17.2% 15.4% 19.3% 16.5% 13.8% 17.5% ■ State PedNSS 17.5% ■ National PedNSS 15.5%

<sup>\*</sup>Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

<sup>\*</sup>Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

<sup>\*</sup>Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Ingham County HD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Except for low birthweight and overweight, Ingham County WIC participants improved in all health and nutritional indicator.



Jennifer M. Granholm, Governor

Ja net Olszewski, Director

Suggested Citation:

Larrieux C, Eghtedary K, Grigorescu V, Carr A. "2003 WIC Local Agency PedNSS Report Ingham County Health Department." WIC Division, Bureau of Family, Maternal, and Child Health, Michigan Department of Community Health. April 2007.

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## Michigan Department of Community Health

**WIC Program** 

Mission Statement

The mission of the Michigan WC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WICProgram shall assure the broadest possible access to services, supports, and food.

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